



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 03, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90105 034 \*\*\*\*61.25

<b>DOCUMENT # N39575</b>			
1. Entity Name OAKHILL FARMS, UNIT III HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1114 CORBY COURT EAST TALLAHASSEE, FL 32317-4955		Mailing Address P.O. BOX 14955 TALLAHASSEE, FL 32317-4955 US	
2. Principal Place of Business - No P.O. Box # 1055 Corby Court Suite, Apt. #, etc.		3. Mailing Address 1055 Corby Court Suite, Apt. #, etc.	
City & State Tallahassee, Florida		City & State Tallahassee, Florida	
Zip 32317	Country USA	Zip 32317	Country USA
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, MARC 1114 CORBY COURT E TALLAHASSEE, FL 32317		7. Name and Address of New Registered Agent Name Lisa F. Hammock Street Address (P.O. Box Number is Not Acceptable) 1055 Corby Court City Tallahassee FL Zip Code 32317	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Lisa F. Hammock</u> LISA F. HAMMOCK May 5, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHRECK, PAULINE 1084 CORBY COURT TALLAHASSEE, FL 323178160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERG, BILL 1139 CORBY COURT E TALLAHASSEE, FL 323178159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMMOCK, LISA 1055 CORBY COURT TALLAHASSEE, FL 323178159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Jerry Hammock 1055 Corby Court Tallahassee, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, MARC 1114 CORBY COURT E TALLAHASSEE, FL 323174955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Lisa F. Hammock 1055 Corby Court Tallahassee, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <u>Lisa F. Hammock</u> LISA F. HAMMOCK May 5, 2008 850-294-1515 <small>Signature and typed or printed name of signing officer or director. Date. Designate Phone #</small>			

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